



COMBINATION DECLARATION & POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

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the specification of which was filed on June 20, 2003 as application Serial No. 10.600,299.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed
<u>102 16 146.1</u> (Number)	<u>Germany</u> (Country)	<u>12 April 2002</u> (Day/Month/Yr. Filed)	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Day/Month/Yr. Filed)	<input type="checkbox"/> yes <input type="checkbox"/> no

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.

<u> </u> (Application Serial No.)	<u> </u> (Filing Date)
<u> </u> (Application Serial No.)	<u> </u> (Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

10/383,954
(Application Serial No.)

March 7, 2003
(Filing Date)

Pending
(Status)
(patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status)
(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punished by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Kurt G. Briscoe, Reg. No. 33,141; William C. Gerstenzang, Reg. No. 27,552; Lorimer P. Brooks, Reg. No. 15,155; Bruce Londa, Reg. No. 33,531; Christa Hildebrand, Reg. No. 34,953; Howard C. Lee, Reg. No. 48,104; Theodore Gottlieb, Reg. No. 42,597; Andrew N. Parfomak, Reg. No. 32,431; and David D. Kim, Reg. No. 53,123 all of 220 East 42nd Street, 30th Floor, New York, New York 10017; William R. Robinson, Reg. No. 27,224; Davy E. Zonerach, Reg. No. 37,267; Mark A. Montana, Reg. No. 44,948 and Robert A. Hyde, Reg. No. 46,354, of 721 Route 202-206, Bridgewater, New Jersey 08807, my attorneys and/or agents with full power of substitution and revocation.

SEND CORRESPONDENCE TO:
NORRIS, McLAUGHLIN & MARCUS
220 EAST 42ND STREET - 30TH FLOOR
NEW YORK, NEW YORK 10017

**DIRECT TELEPHONE CALLS TO:
(212) 808-0700**

FULL NAME OF SOLE OR FIRST INVENTOR: Peter JÄHN

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: Straßburger Str. 23 b, 51375 Leverkusen, Germany

CITIZENSHIP: German

POST OFFICE ADDRESS: same as above

FULL NAME OF SOLE OR SECOND INVENTOR: Bernhard KRUMBACH
INVENTOR'S SIGNATURE: _____ DATE: _____
RESIDENCE: Kuhlmannweg 37, 51375 Leverkusen, Germany CITIZENSHIP: German
POST OFFICE ADDRESS: same as above

FULL NAME OF SOLE OR THIRD INVENTOR: _____
INVENTOR'S SIGNATURE: _____ DATE: _____
RESIDENCE: _____ CITIZENSHIP: _____
POST OFFICE ADDRESS: _____

FULL NAME OF SOLE OR FOURTH INVENTOR: _____
INVENTOR'S SIGNATURE: _____ DATE: _____
RESIDENCE: _____ CITIZENSHIP: _____
POST OFFICE ADDRESS: _____

FULL NAME OF SOLE OR FIFTH INVENTOR: _____
INVENTOR'S SIGNATURE: _____ DATE: _____
RESIDENCE: _____ CITIZENSHIP: _____
POST OFFICE ADDRESS: _____

FULL NAME OF SOLE OR SIXTH INVENTOR: _____
INVENTOR'S SIGNATURE: _____ DATE: _____
RESIDENCE: _____ CITIZENSHIP: _____
POST OFFICE ADDRESS: _____

FULL NAME OF SOLE OR SEVENTH INVENTOR: _____
INVENTOR'S SIGNATURE: _____ DATE: _____
RESIDENCE: _____ CITIZENSHIP: _____
POST OFFICE ADDRESS: _____